



OFFICE OF THE STATE FIRE MARSHAL  
FIRE ENGINEERING DIVISION

For CSFM Use Only:

Date \_\_\_\_\_  
Rcvd: \_\_\_\_/\_\_\_\_/\_\_\_\_  
ROC# \_\_\_\_\_  
Amount: \_\_\_\_\_

APPLICATION FOR  
**Automatic Fire Extinguisher System License**

A separate application for license shall be made for each separate place of business location

**PART I.** \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Message Phone: \_\_\_\_\_

**PART II.** \_\_\_\_\_

APPLICANT INTENDS DOING BUSINESS AS: \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNER

**PART III.** \_\_\_\_\_

APPLICATION IS HEREBY MADE FOR THE FOLLOWING LICENSE TYPE:

☐ **Type 1 – Fire Sprinkler Systems** (servicing and testing) FEE - \$500.00  
See sections 902 (a) T-19 C.A.C.

☐ **Type 2 – Engineered and Pre-Engineered** (servicing and testing). FEE - \$500.00  
See Section 902.4(b) and 902.15(a) T-19 C.A.C.

☐ **Type 3 – Standpipe Systems** (servicing and testing) FEE - \$500.00  
See Section 902.18(b) T-19 C.A.C

This original application must be accompanied by the required non-refundable fee

Please mail the application to:

If sent by priority mail (FedEx, UPS, etc...)

**Office of the State Fire Marshal  
Cashiers Unit/Fire Extinguisher Program  
P.O. Box 944246  
Sacramento, CA 94244-2460  
Phone (916) 445-8376 Fax (916) 445-8473**

**Office of the State Fire Marshal  
Fire Engineering/Fire Extinguisher Program  
1131 "S" Street  
Sacramento, CA 95814**

**SUBMISSION:** A completed application (on an original application form) and all required supplemental data should be submitted to the address listed next page. Evaluations will be reviewed in the order in which they are received at CSFM. **Failure to supply all needed information (including signature) will result in a delay of processing of the application package.**



5. If applicant or an employer is a Fire Protection Engineer, please submit evidence of registration.

7. Give names and address of three persons who will submit letters attesting to character, financial responsibility and integrity: It is the applicant's responsibility to make sure that the letters are sent to the State Fire Marshal. Please be sure that their name appears at the top of the letter.

Name:  
Address:  
City, State Zip:

Name:  
Address:  
City, State Zip:

Name:  
Address:  
City, State Zip:

I am familiar with the statutes contained in the California Health and Safety Code and the regulations contained in Title 19, California Administrative Code, relating to automatic fire extinguishing systems; that all statements made by me on this application are to the best of my knowledge.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all the information and materials submitted to the State Fire Marshal for the purpose of obtaining the license(s) applied for are true and correct. By this application, I hereby authorize the State Fire Marshal and any of his properly authorized employees to enter, examine and inspect any premises, building, room, or establishment used in servicing or testing automatic fire extinguishing systems to determine compliance with the provisions of state law and the regulations and standards adopted by the State Fire Marshal.

SOLE OWNER:      Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

CORPORATION:      Authorized Agent Name \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_

Partnership      Each partner, included a limited partner must sig. If additional space is needed  
attach on separate attachment

·  
Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Notice:: This application will not be accepted without the appropriate non refundable fee. All items must be completed. An incomplete application could be the basis for denial of a license.

\* \* WHEN FILED WITH AN APPLICATION, THIS CERTIFICATE BECOMES THE PROPERTY OF THE STATE FIRE MARSHAL AND IS KEPT AS A MATTER OF RECORD.